

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000040290 (5)**

1. Corporation Name

**VFD CORPORATION**



Principal Place of Business

Mailing Address

**3964 ESTEPONA AVENUE  
MIAMI FL 33178**

**3964 ESTEPONA AVENUE  
MIAMI FL 33178**

3. Date Incorporated or Qualified  
**05/04/1995**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business

2a. Mailing Address

21 **5500 N.W. 106TH COURT**  
Suite, Apt. #, etc.

26 **5500 N.W. 106TH COURT**  
Suite, Apt. #, etc.

4. FEI Number  
**660587634**

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

23 City & State  
**MIAMI, FLORIDA**

28 City & State  
**MIAMI, FLORIDA**

24 Zip **33178** 25 Country **USA**

29 Zip **33178** 30 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIGNA, JOSE B  
3964 ESTEPONA AVENUE  
MIAMI FL 33178**

81 Name **PIGNA, JOSE B.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5500 N.W. 106TH COURT**

83

84 City **MIAMI** FL 85 Zip Code **33178**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE *[Signature]* **JOSE B. PIGNA** PRESIDENT

**5/16/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

|                 |                              |                                 |
|-----------------|------------------------------|---------------------------------|
| TITLE           | <b>PRESIDENT</b>             | <input type="checkbox"/> DELETE |
| NAME            | <b>JOSE B. PIGNA</b>         |                                 |
| STREET ADDRESS  | <b>5500 N.W. 106TH COURT</b> |                                 |
| CITY - ST - ZIP | <b>MIAMI, FLORIDA 33178</b>  |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |

|                     |   |
|---------------------|---|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             |   |
| 3. STREET ADDRESS   |   |
| 4. CITY - ST - ZIP  |   |
| 2. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME            |   |
| 23. STREET ADDRESS  |   |
| 24. CITY - ST - ZIP |   |
| 3. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME            |   |
| 33. STREET ADDRESS  |   |
| 34. CITY - ST - ZIP |   |
| 4. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME            |   |
| 43. STREET ADDRESS  |   |
| 44. CITY - ST - ZIP |   |
| 5. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME            |   |
| 53. STREET ADDRESS  |   |
| 54. CITY - ST - ZIP |   |
| 6. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME            |   |
| 63. STREET ADDRESS  |   |
| 64. CITY - ST - ZIP |   |

*Bank deposit \$225.00*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **JOSE B. PIGNA** PRESIDENT **5/16/96 (305) 593-2106**

CR2E034 (12/95)